ADMINISTRATIVE POLICY Fauquier County, Virginia

Policy Title: Travel Policy and Procedures Effective Date: August 10, 2006 Policy Number: AP-06 Supersedes Policy: HR - Section 51, 10/16/00

Supersodes Folieg. The Southing I, 10/10/00

I. PURPOSE

This document outlines the Policies and Procedures for individuals traveling on Fauquier County business using County funds, and applies to both day and overnight travel.

II. **DEFINITIONS**

- A. <u>Authorized Travel</u>: Travel to be performed by County employees which is reviewed and approved in the budget process and for which funds are included in the adopted budget. Department Heads/Constitutional Officers will manage the allocation of available resources to accomplish travel most efficiently and effectively throughout the year.
- B. <u>Daily Travel</u>: All travel not requiring overnight accommodations and/or performed within the boundaries of Fauquier County by employees in accomplishing their assigned duties is considered daily travel. Daily travel for Department Heads/Constitutional Officers is at the discretion of the Department Heads/Constitutional Officers. Daily travel for all other employees requires advance approval as outlined in Section VIII Travel Approval, below.
- C. <u>Extended Travel</u>: All overnight trips to attend meetings, conferences, training, or other work-related functions are considered extended travel. Extended travel requires advance approval as outlined in Section VIII Travel Approval, below.
- D. <u>International Travel</u>: Travel to locales outside the 48 contiguous United States is considered international travel. International travel requires advance approval as outlined in VIII Travel Approval, below.

III. GENERAL POLICIES

A. <u>Applicability:</u> This policy shall apply to all employees and members of boards, commissions, and authorities of Fauquier County engaged in travel required to conduct Fauquier County business. Employees are not guaranteed attendance at

Policy Number: AP-06 Page 2 of 11

conferences and training seminars. County Administration/Department Heads/Constitutional Officers will determine the appropriateness of all travel undertaken by staff and have the authority to approve or disapprove requests for conferences, training, seminars and other business travel. Supervisors are encouraged to provide these opportunities appropriately and fairly.

Travel undertaken by sworn officers of the Sheriff's Office for the purposes of prisoner extradition is subject to extradition policies and procedures as contained in the Sheriff's Office Standard Operating Procedures Manual.

B. <u>Responsibility:</u> Each Department Head/Constitutional Officer is expected to exercise sound and prudent judgment when approving, arranging for, and incurring travel expenditures.

It shall be the responsibility of the Department Head/Constitutional Officer to determine who is eligible for reimbursement for Internet access, if the place of lodging does not provide this service for free. The fee(s) for Internet access shall be included in the itemization of anticipated travel expenses when submitted for advance approval.

Each employee participating in County-funded travel shall submit a Travel Authorization/Reimbursement Form (Appendix II) to obtain advance approval for travel as outlined in Section VIII - Travel Approval, below. All travel-related expenses are to be itemized on one form; expenses may not be divided between two forms to avoid the expenditure limit as defined in paragraph III-C below.

In the event the total expenses are anticipated to exceed the expenditure limit as defined in Section III-C below, the request for advance approval must comply with the schedule for submission as a Board of Supervisors agenda item.

Within ten (10) business days of return from travel, the original, approved Travel Authorization/Reimbursement Form shall be submitted to Accounts Payable with all appropriate receipts, details of expenses, explanations, and, if applicable, refund of unused travel advance funds. If the individual incurring travel expenses is a Constitutional Officer, that individual shall request another Constitutional Officer to review and sign the reimbursement form. It is the responsibility of the Department Head/Constitutional Officer to ensure the refund of any unused travel advance is submitted with the Travel Authorization/Reimbursement Form to Accounts Payable within ten (10) business days of return from travel.

C. Expenditure Limits: Expenditures for any individual employee to attend any single meeting, conference, training, seminar or other work-related function shall not exceed \$1,000, except as allowed in Section III-D, below. The \$1,000 limit is

Policy Number: AP-06 Page 3 of 11

inclusive of travel, registration, and all other costs associated with attending such work-related functions. If an employee exceeds the \$1,000 expenditure limit without obtaining approval of the Board of Supervisors prior to scheduling travel, such employee shall be personally responsible for all expenditures exceeding that amount.

- D. In those instances where funds for certain desired travel exceed the \$1,000 limit referenced in Section III-C, the requesting agency may make an appeal for an exception to policy. Such an appeal must demonstrate good cause and must be made through the County Administrator, to the Board of Supervisors, and shall be made prior to expending any County funds on the desired travel.
- E. <u>Advance Payments:</u> Only registration, per diem and advance conference fees may be paid prior to travel. All other travel payments shall be in the form of employee reimbursements after travel unless prior approval for advance payment is obtained from the County Administrator.
- F. <u>Excessive Expenses:</u> Persons traveling on official County business will exercise care in incurring expenses to minimize the cost to the County Government. Excessive and unnecessary expenses will not be reimbursed. Those with authority as specified in Section III-A above will determine if expenses are excessive.
- G. <u>Joint Travel:</u> When it is known that two or more employees will be traveling to the same destination, maximum use shall be made of special group travel discounts, joint use of taxicabs and joint use of County-owned, leased or privately-owned vehicles. County Government strongly urges such employees to carpool, use commercial transportation, etc., where feasible.
- H. <u>Gasoline Credit Cards:</u> In the event a department has County-issued gasoline credit cards, they may be used when traveling in a County-owned vehicle with the following restrictions:
 - 1. The card may only be used to purchase gas or oil and for emergency repairs when it is not practicable to return to the County garage or have the vehicle towed to the County garage. The card may not be used for food, drinks, cash advances, or items for personal use.
 - 2. Gasoline may only be charged to the card when it would not be practicable to return to the County pumps for gasoline.

Policy Number: AP-06 Page 4 of 11

IV. POLICY ADMINISTRATION

The administration of this policy shall be as follows:

A. County Administration will adopt provisions of policy, set rates of reimbursement, and make any significant alterations.

- B. County Administrator will implement all provisions of this policy, authorize exceptions as permitted and make changes to operating procedures as necessary.
- C. County Administrator approval is required prior to making any travel arrangements when multiple employees in one department plan extended travel, as defined in Section II-C above, to the same event.
- D. Finance Department will administer the policy (review practices for policy compliance, keep records, prepare advances and checks, note discrepancies, etc.).
- E. The County Administrator will make recommendations to the Board of Supervisors on all travel requests submitted through the budget process.

V. TRANSPORTATION

It is expected that the most direct, practical and economical mode and route of travel is arranged and used. Transportation is paid only if it is reasonable and necessary to accomplish the County's business.

- A. <u>County Vehicle</u>: County vehicles should be used for daily or extended travel when available and cost beneficial to the department.
- B. <u>Personal Vehicle</u>: Employees are permitted to use their personally owned automobiles when a County-owned vehicle is not available, or when the use of a personally owned vehicle is cost beneficial to the department. In the event of an accident, the employee's insurance will be sole and primary.
- C. When traveling to training, conferences, etc., the distance normally traveled from home to worksite (or the equivalent distance) is not reimbursable.
- D. If an employee is required to return to work after going home for the day, the department head, depending on circumstances, may approve mileage reimbursement for the return trip.

Policy Number: AP-06 Page 5 of 11

E. In the event daily travel in a personal vehicle exceeds twenty (20) miles per day, that travel, in its entirety, shall be eligible for mileage reimbursement under the terms of this policy.

F. <u>Commercial Transportation</u> (Airplane, Rental Car, Taxicab, etc.): It is expected that the most economical and efficient mode and route of travel is used when travel is necessary to accomplish the County's business. Transportation should be shared by employees traveling together whenever possible. Rental cars may be used only when necessary for official purposes while traveling. Rental cars may not be used for personal purposes when traveling.

VI. LODGING

A. <u>Accommodations:</u> Accommodations will be reimbursed on a single occupancy basis only, unless there is more than one County employee traveling and a room is being shared voluntarily. Accommodations shall be arranged at (or closest to) the site of business. Accommodations will be reimbursed at the conference rate or government rate plus applicable taxes, whichever is lower and available. A receipt for lodging expenses shall be required and must accompany the Travel Authorization/Reimbursement form to ensure reimbursement.

Extended travel must be necessary and reasonable to accomplish the County's business to be eligible for reimbursement. Prior approval for extended travel must be obtained in accordance with Section VIII – Travel Approval, below.

B. <u>Non-Canceled Hotel Reservations:</u> Employees will communicate travel plan changes to the hotel as soon as possible if a confirmed reservation is being held. Since hotels may charge for non-canceled reservations, these charges will not be reimbursed if the traveler is negligent in canceling those reservations.

VII. MISCELLANEOUS EXPENSES

- A. <u>Allowed Expenses:</u> Taxes and surcharges paid by the traveler for lodging will be reimbursed. Tolls and parking fees are reimbursable. A receipt is required for reimbursement claims greater than \$10.00.
- B. <u>Telephone and Facsimile Charges:</u> Telephone and facsimile charges will be reimbursed only if an approved business justification is provided on the Travel Authorization/Reimbursement form.
- C. <u>Internet Access Charges:</u> Internet access charges will be reimbursed only if an approved business justification is provided on the Travel Authorization/Reimbursement form.

Policy Title: Travel Policy and Procedures Policy Number: AP-06 Effective Date: August 10, 2006 Page 6 of 11

VIII. TRAVEL/REIMBURSEMENT APPROVAL

Travel By:	Daily Travel	Extended Travel	International Travel	Total Travel Expenses > \$1,000
Departmental Staff	_	ead/Constitutional fficer	County Administrator	Board of Supervisors
Department Heads	Self	County Administrator or designee	County Administrator	Board of Supervisors
Director, Library Director, Social Services Registrar	Self	Chairman of appropriate Board	County Administrator	Board of Supervisors
County Attorney	Self	Chairman, Board of Supervisors	Chairman, Board of Supervisors	Board of Supervisors
County Administrator	Self	Chairman, Board of Supervisors	Chairman, Board of Supervisors	Board of Supervisors
Constitutional Officers	Self	County Administrator	County Administrator	Board of Supervisors
Member, BOS	Self	Chairman, Board of Supervisors	Chairman, Board of Supervisors	Board of Supervisors
Members of: Non-BOS Boards BOS Committees BOS Commissions		Board of Supervisors		
Court System Staff	Judge of Ap	oplicable Court	County Administrator	Board of Supervisors

Policy Number: AP-06 Page 7 of 11

IX. PER DIEM ALLOWANCES FOR MEALS AND INCIDENTALS

A. Employees will be compensated for meals consumed during official travel as indicated below.

1. <u>Local and Regional Travel</u>. An employee will be reimbursed for meals, tips and incidental expenses not to exceed the per diem rate set out in Appendix 1 of this policy. The amount of per diem depends on the time period of travel:

a. <u>Breakfast</u>: 6:00 – 9:00 AM

b. Lunch: 11:00 AM – 2:00 PM

c. <u>Dinner</u>: 5:00 – 9:00 PM

- 2. Extended Travel. An employee is eligible for reimbursement not to exceed the per diem for the cost of meals, tips and incidentals for each full day of travel. For per diem allowances, travel begins on the day an employee leaves the place of abode, office or other point of departure and ends on the day the employee returns to the place of abode, office, or other departure point. For partial days, while en route to or from overnight travel, an employee will be reimbursed as stated in paragraph 1 above.
- 3. Exceptions. When it can be determined factually that the standard per diem rates are not appropriate for the particular travel location, the official responsible for directing travel should seek authority to prescribe a fixed per diem at a rate different from the standard rate. Such authority must be requested and approved by the County Administrator in advance of the travel.
- B. Non-reimbursable Meals. An employee will not be eligible for per diem or reimbursement at the maximum daily allowance for meals when any or all meals are furnished as a condition of travel. If all meals are provided on a given day(s), the employee will not receive per diem for that day. If less than three meals are furnished, the employee will receive the amount specified for the non-included meal(s). The number of reimbursable meals will be indicated on the Travel Authorization/Reimbursement form with the date the meal(s) was (were) consumed. Non-reimbursable meals are defined as:
 - 1. Any meal included in a registration or conference fee ultimately paid by the County; or

Policy Number: AP-06 Page 8 of 11

2. Any meal furnished at no cost to the employee by a school or vendor while attending a course of instruction if the cost of the meal is ultimately paid for by the County as part of the cost of instruction; or

- 3. Any meal furnished by an airline where the cost of the ticket is paid for by the County; or
- 4. Any meal(s) furnished by a private individual or firm that serves to replace a meal(s) that would normally be funded as part of the per diem.
- 5. Continental breakfasts, provided by either the place of lodging or the conference, and heavy hors d'oeuvres.
- 6. Personal expenses such as gratuities for maid or room service, valet services, self-entertainment expenses, etc., are not reimbursable.
- 7. Under no circumstances will expenditures for alcohol be reimbursed by County funds.
- C. A flat \$3 per diem is paid for each day of extended travel for incidental expenses such as bellhop/waiter/taxi/limousine tips, personal telephone calls, laundry, and transportation between lodging or business and places where meals may be taken. The Incidentals amount is not prorated on a travel departure or return date. The flat \$3 is paid on all travel days.

Policy Number: AP-06 Page 9 of 11

Appendix 1 to Travel Policy and Procedures

PER DIEM RATES (Effective August 10, 2006)

I. Mileage:

Shall be reimbursed at the rate of reimbursement adopted by the state, currently \$0.445 per mile (increased mileage rate is effective July 1, 2006).

II. Meals:

A. Daily Meal Rates:

1.	Breakfast	\$10.00
2.	Lunch	\$12.00
3.	Dinner	\$23.00

B. **Daily Per Diem:** \$45.00

III. Lodging:

Government or conference rate, whichever is lower, plus applicable taxes

IV. Incidentals:

\$3 per day

Policy Number: AP-06 Page 10 of 11

Expense AccountingReimbursement Request Within Intel 10) working days after of travel, complete the following expense/reimbursement detail, attach required receipts and submit to Accounts Payable. Within Intel 10) working days after of travel, complete the following expense/reimbursement detail, attach required receipts and submit to Accounts Payable. Actual Expenditures		iier County n/Reimbursement Fori	m		
Within ten (10) working days after of travel, complete the following days after of travel, complete the following days after of travel countries. It is a provided that the following days after of travel parties. It is a provided that the following days after of travel parties. It is a provided that the following days after of travel parties. It is a provided that the following days after of travel parties. It is a provided that the following days after of travel parties. It is a provided that the following days after of travel parties. It is a provided that the following days after of travel parties. It is a provided that the following days after of travel parties of travel parties. It is a provided that the following days after of travel parties and submit to Accounts Payable. Actual Expenditures Actual Expenditures	Tave Addionzado			Reimbursement F	Request
Requesting Employee Name Vendor # Vendor # Vendor # Vendor # Vendor # Vendor # Department Code Street Address City, State, Zip Department Departme	Travel Request Detail	-	_		=
Accounts Payable. Accounts Payable. Accounts Payable. Actual Expenditures Actual Expendit	Travol Roquost Botan	` '	· .		•
Name Vendod* Vendod* Popartment Code Street Address City, State, Zip Department Departme	Danieration Foundation		crit dotaii, attaci	r required receipts	and Submit to
Actual Expenditures		Accounts I ayabic.			
Department Code Street Address City, State, Zip Department Purpose of Travel Travel Date(s) Estimated Funding Required: Registration Lodging Applicable lodging taxes Meals Transportation (specify mode) Incidentals (\$3/day, extended travel) Mileage (\$0.445/mile) Parking, tolls Taxis, shuttle Incidentals (\$3/day, extended travel) Mileage (\$0.445/mile) Parking, tolls Taxis, shuttle Other (specify) Other (specify) Other (specify) Other (specify) Reason for advance payment requested? Reason for advance payment: Employee Signature Date If Advance Payment is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator signature				124	
Street Address City, State, Zip Department Purpose of Travel Travel Date(s) Estimated Funding Required: Registration Lodging Applicable lodging taxes Meals Transportation (specify mode) Incidentals (\$3/day, extended travel) Mileage (\$0.445/mile) Parking, tolls Taxi, shuttle Incidentals (\$3/day, extended travel) Mileage (\$0.445/mile) Parking, tolls Taxi, shuttle Other (specify) Total \$ Total \$ Advance payment requested? (Except for registration, per diem and advance conference fees, all travel payments shall be in the form of employee reimbursements after completion of travel unless prior approval is betieved to be batief from the County Administrator approval is required County Administrator signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Department Department Head/Constitutional Officer Approval Signature Department Department Head/Constitutional Officer Approval Signature Date Amount due employee \$ Amount due employee \$ Amt. due County (attach personal check) Dept. Head/Constitutional Officer Approval Signature Dept. Head/Constitutional Officer Approval Signature			Actual E	xpenaitures	
City, State, Zip Department Purpose of Travel Travel Date(s) Estimated Funding Required: Registration Lodging Applicable lodging taxes Meals Meals Transportation (specify mode) Incidentals (S3/day, extended travel) Mileage (S0.445/mile) Parking, tolls Taxi, shuttle Other (specify) Other (specify) Other (specify) Advance payment requested? City registration, per diem and advance conference fees, all travel payments shall be in the form of employee reimbursements after completion of travel unless prior approval is required Officer Approval Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator signature					
Department Purpose of Travel Travel Date(s) Estimated Funding Required: Registration Lodging Applicable lodging taxes Meals Transportation (specify mode) Incidentals (\$3/day, extended travel) Mileage (\$0.445/mile) Parking, tolls Taxi, shuttle Other (specify) Other (specify) Other (specify) Total Total **Total \$** Advance payment requested? (Except for registration, per diem and advance conference fees, all travel payments shall be in the form of employee reimbursements after completion of travel unless prior approval is required Officer Approval Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Less 40,000, Board of Supervisors approval is required County Administrator signature Dept. Head/Constitutional County Administrator Signature			Acct Code	Date(s)	Amount
Purpose of Travel Travel Date(s) Estimated Funding Required: Registration Lodging Applicable lodging taxes Meals Transportation (specify mode) Incidentals (32/day, extended travel) Mileage (50.445/mile) Parking, tolls Total Other (specify) Total Total S Advance payment requested? Advance payment requested? Circ registration, per diem and advance conference fees, all travel payments shall be in the form of employee reimbursements after completion of travel unless prior approval is obtained from the County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator signature Dept. Head/Constitutional County Administrator signature		Registration		Duto(o)	, anount
Meals Details below \$					
Estimated Funding Required: Registration Lodging Applicable lodging taxes Meals Transportation (specify mode) Incidentals (S3/day, extended travel) Mileage (S0.445/mile) Parking, tolls Taxi, shuttle Incidentals (S3/day, extended travel) Mileage (S0.445/mile) Parking, tolls Taxi, shuttle Other (specify, i.e., Internet, faxes) Other (specify) Total \$ Advance payment requested? (Except for registration, per diem and advance conference fees, all travel payments shall be in the form of employee reimbursements after completion of travel unless prior approval is obtained from the County Administrator) Reason for advance payment: Employee Signature Date Department Head/Constitutional Officer Approval Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator signature Dept. Head/Constitutional Officer Approval Signature				Details below	\$
Registration Lodging Applicable lodging taxes Meals Transportation (specify mode) Incidentals (\$3/day, extended travel) Mileage (\$0.445/mile) Parking, tolls Taxi, shuttle Other (specify) Oth		Transportation			
Lodging Applicable lodging taxes Meals Transportation (specify mode) Incidentals (\$3/day, extended travel) Mileage (\$0.445/mile) Parking, tolls Taxi, shuttle Other (specify) Total \$ Meals Detail Per Diem - \$45 Per Diem Rates \$10 \$12 \$23 Date Breakfast Lunch Dinner Meals Detail Per Diem - \$45 Per Diem Rates \$10 \$12 \$23 Date Breakfast Lunch Dinner Total \$ Total \$ Total \$ Per Diem Rates \$10 \$12 \$23 Date Breakfast Lunch Dinner Total \$ Total \$ Total \$ Per Diem Rates \$10 \$12 \$23 Date Breakfast Lunch Dinner Total \$ Total \$ Total \$ Per Diem Rates \$10 \$12 \$23 Date Breakfast Lunch Dinner Total \$ Total \$ Total \$ Per Diem Rates \$10 \$12 \$23 Date Breakfast Lunch Dinner Total \$ Total \$ Total \$ Per Diem Rates \$10 \$12 \$23 Date Breakfast Lunch Dinner Total \$ Total \$ Total \$ Per Diem Rates \$10 \$12 \$23 Date Breakfast Lunch Dinner Total \$ Total Meals: \$ Employee Signature/Date Total Meals: \$ Employee Signature/Date Total Meals: \$ Date Amount due employee \$ Date Amount due employee \$ Dept. Head/Constitutional Officer Approval Signature Dept. Head/Constitutional Officer Approval Signature Dept. Head/Constitutional Officer Approval Signature	Estimated Funding Required:	Mileage (daily)	5510	Provide detail on	\$
Applicable lodging taxes Meals Transportation (specify mode) (Incidentals (\$3/day, extended travel) Mileage (\$0.445/mile) Parking, tolk Total Sarai, shuttle Other (specify) Total Sarai, shuttle Other (specify) Other (specify) Other (specify) Total Sarai, shuttle Other (specify) Other (specify) Other (specify) Total Expenses \$ Total Expenses \$ Total Expenses \$ Per Diem - \$45 Per Diem Rates \$10 \$12 \$23 Date Breakfast Lunch Dinner Breakfast Lunch Dinner Total Sarai Breakfast Lunch Dinner Total Sarai Breakfast Lunch Dinner Total Sarai Breakfast Lunch Dinner Total Breakfast Sarai Breakfast S	Registration	Mileage (conf.)	5540	next page	\$
Meals Transportation (specify mode) Incidentals (\$3/day, extended travel) Mileage (\$0.445/mile) Parking, tolls Taxi, shuttle Other (specify) Other (specify) Other (specify) Total Total Total Meals Detail Per Diem - \$45 Per Diem Rates \$10 \$12 \$23 Date Breakfast Lunch Dinner Reason for advance payment: Employee Signature Date Department Head/Constitutional Officer Approval Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Date County Administrator Signature Date Ocupt Administrator Signature Date Ocupt Administrator Signature Date Ocupt Administrator Signature Date Ocupt Administrator Signature Date Ocupt Administrator Signature Date Ocupt Administrator Signature	Lodging				
Transportation (specify mode) Incidentals (\$3/day, extended travel) Mileage (\$0.445/mile) Parking, folls Taxi, shuttle Other (specify) Total \$ Total \$ Total \$ Advance payment requested? (Except for registration, per diem and advance conference fees, all travel payments shall be in the form of employee reimbursements after completion of travel unless prior approval is obtained from the County Administrator) Reason for advance payment: Employee Signature Date Department Head/Constitutional Officer Approval Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Date Ocupt Administrator Signature Date Ocupt Administrator Signature Date Ocupt Administrator Signature Date Ocupt Administrator Signature Date Ocupt Administrator Signature Date Ocupt Administrator Signature Date Ocupt Administrator Signature Date Ocupt Administrator Signature					
(specify mode) Incidentals (\$3/day, extended travel) Mileage (\$0.445/mile) Parking, tolls Taxi, shuttle Other (specify, i.e., Internet, faxes) Other (specify) Total \$ Total \$ Advance payment requested? (Except for registration, per diem and advance conference fees, all travel payments shall be in the form of employee reimbursements after completion of travel unless prior approval is obtained from the County Administrator) Reason for advance payment: Employee Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator signature County Administrator signature Date Amount due employee \$ Amt. due County (attach personal check) Dept. Head/Constitutional Officer Approval Signature Other (specify) Other (s					
(specify mode) Incidentals (\$3/day, extended travel) Mileage (\$0.445/mile) Parking, tolls Taxi, shuttle Other (specify, i.e., Internet, faxes) Other (specify) Total \$ Total \$ Advance payment requested? (Except for registration, per diem and advance conference fees, all travel payments shall be in the form of employee reimbursements after completion of travel unless prior approval is obtained from the County Administrator) Reason for advance payment: Employee Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator signature County Administrator signature Date Amount due employee \$ Amt. due County (attach personal check) Dept. Head/Constitutional Officer Approval Signature Other (specify) Other (s					
Mileage (\$0.445/mile) Parking, tolls Taxi, shuttle Other (specify, i.e., Internet, faxes) Other (specify) Total	(specify mode)				
Parking, tolls Taxi, shuttle Other (specify) Total \$ Advance payment requested? (Except for registration, per diem and advance conference fees, all travel payments shall be in the form of employee reimbursements after completion of travel unless prior approval is obtained from the County Administrator) Reason for advance payment: Employee Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator signature County Administrator signature Date Amount due employee \$ Dept. Head/Constitutional Officer Approval Signature Dept. Head/Constitutional Officer Approval Signature Dept. Head/Constitutional Officer Approval Signature		Other (specify)			
Taxi, shuttle Other (specify, i.e., Internet, faxes) Other (specify) Total Total Advance payment requested? (Except for registration, per diem and advance conference fees, all travel payments shall be in the form of employee reimbursements after completion of travel unless prior approval is obtained from the County Administrator) Reason for advance payment: Employee Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature County Administrator Signature County Administrator Signature Dept. Head/Constitutional Officer Approval Signature Officer Approval Signature Dept. Head/Constitutional Officer Approval Signature					
Other (specify) i.e., Internet, faxes) Other (specify) Total \$		T	otal Expenses		
Total \$ Advance payment requested? (Except for registration, per diem and advance conference fees, all travel payments shall be in the form of employee reimbursements after completion of travel unless prior approval is obtained from the County Administrator) Reason for advance payment: Employee Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature				Less Advances	\$
Advance payment requested? (Except for registration, per diem and advance conference fees, all travel payments shall be in the form of employee reimbursements after completion of travel unless prior approval is obtained from the County Administrator) Reason for advance payment: Employee Signature Date Department Head/Constitutional Officer Approval Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature County Administrator Signature Dept. Head/Constitutional Officer Approval Signature Dept. Head/Constitutional Officer Approval Signature Officer Approval Signature		II			
Advance payment requested? (Except for registration, per diem and advance conference fees, all travel payments shall be in the form of employee reimbursements after completion of travel unless prior approval is obtained from the County Administrator) Reason for advance payment: Employee Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature	Total \$				
Date Breakfast Lunch Dinner		Per Diem Rates			\$23
(Except for registration, per diem and advance conference fees, all travel payments shall be in the form of employee reimbursements after completion of travel unless prior approval is obtained from the County Administrator) Reason for advance payment: Employee Signature Date Department Head/Constitutional Officer Approval Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature County Administrator Signature Dept. Head/Constitutional Officer Approval Signature Officer Approval Signature	, taranso paymont roquostour				
all travel payments shall be in the form of employee reimbursements after completion of travel unless prior approval is obtained from the County Administrator) Reason for advance payment: Employee Signature Date Department Head/Constitutional Officer Approval Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Dept. Head/Constitutional Officer Approval Signature Dept. Head/Constitutional Officer Approval Signature	(Except for registration, per diem and advance conference fees,				
is obtained from the County Administrator) Reason for advance payment: Employee Signature Date Department Head/Constitutional Officer Approval Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature County Administrator Signature Dept. Head/Constitutional Officer Approval Signature					
Reason for advance payment: Employee Signature Date Department Head/Constitutional Officer Approval Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Dept. Head/Constitutional Officer Approval Signature	reimbursements after completion of travel unless prior approval				
Employee Signature Date Department Head/Constitutional Officer Approval Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Dept. Head/Constitutional Officer Approval Signature	is obtained from the County Administrator)				
Employee Signature Date Department Head/Constitutional Officer Approval Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Dept. Head/Constitutional Officer Approval Signature					
Date Department Head/Constitutional Officer Approval Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Dept. Head/Constitutional Officer Approval Signature	Reason for advance payment:				
Date Department Head/Constitutional Officer Approval Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Dept. Head/Constitutional Officer Approval Signature					
Department Head/Constitutional Officer Approval Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature County Administrator Signature Total \$ - \$ - \$ Employee Signature/Date Reimbursement Approval Amount due employee \$ Amt. due County (attach personal check) Dept. Head/Constitutional Officer Approval Signature	Employee Signature				
Officer Approval Signature Date If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Dept. Head/Constitutional Officer Approval Signature	Date				
If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Dept. Head/Constitutional Officer Approval Signature	Department Head/Constitutional	Totals	\$ -	\$ -	\$
If Advance Payment is requested, County Administrator approval is required County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Reimbursement Approval Amount due employee \$ Amt. due County (attach personal check) Dept. Head/Constitutional Officer Approval Signature	Officer Approval Signature		-	Total Meals:	\$
If Advance Payment is requested, County Administrator approval is required County Administrator signature If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Reimbursement Approval Amount due employee \$ Amt. due County (attach personal check) Dept. Head/Constitutional Officer Approval Signature	Date	Employee Signat	ure/Date		
County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Dept. Head/Constitutional Officer Approval Signature		II			
County Administrator signature County Administrator signature If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature County Administrator Signature Amount due employee \$ Amt. due County (attach personal check) Dept. Head/Constitutional Officer Approval Signature			Paimhuras	ment Annroyal	
County Administrator signature Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Amount due employee \$ Amt. due County (attach personal check) Dept. Head/Constitutional Officer Approval Signature			Kemibuise	ment Approvat	
Date If estimated expenditures exceed \$1,000, Board of Supervisors approval is required Dept. Head/Constitutional Officer Approval Signature Officer Appro	approval is required				
If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Amt. due County (attach personal check) Dept. Head/Constitutional Officer Approval Signature	County Administrator signature		Amou	ınt due employee	\$
If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Dept. Head/Constitutional Officer Approval Signature					
If estimated expenditures exceed \$1,000, Board of Supervisors approval is required County Administrator Signature Dept. Head/Constitutional Officer Approval Signature	Date	Amt due	County (attach	n personal check)	
Supervisors approval is required County Administrator Signature Dept. Head/Constitutional Officer Approval Signature	Date	Aiii. due			
County Administrator Signature Officer Approval Signature		Amt. due			
	If estimated expenditures exceed \$1,000, Board of		titutional		
	If estimated expenditures exceed \$1,000, Board of Supervisors approval is required	Dept. Head/Cons			

Complete the first column and meals detail above, and submit for approval prior to travel. Complete the expense accounting information after travel, as

Receipts are required for meals, lodging, airfare, gasoline, parking, and other travel-related expenditures, except meals purchased under the per diem.

Attach the receipts to this form when submitting for reimbursement.

Meals included in conference/seminar fee, or provided by a vendor at no expense to the employee, are not reimbursable.

To document registration fees, attach a copy of the flyer or brochure, which specifies the charges being reimbursed.

Travel outside the 48 contiguous states must be approved in advance by the County Administrator.

County Administrator approval is required when more than one employee in one department plan to attend an event requiring extended travel Business justification for telephone/fax charges must accompany request for reimbursement.

Use page 2 of this form to provide mileage information, including purpose of trip, origination point and destination

Account Code Descriptions

5540: Convention and Education - Expenses related to attendance at conferences, conventions, workshops and courses (not sponsored by the 5530: Food and Lodging - Food and lodging necessary in the performance of local government business other than cost chargeable to accounts 5540 5520: Fares - Individual transportation by means other than a personal vehicle. Includes taxi, airport limousine, train, bus, air fares. Excludes cost

chargeable to accounts 5540 (Convention & Education) and 5550 (Extradition of Prisoners).

5510: Mileage - Allowances for use of private vehicles in performance of locality business. Includes personal and leased vehicles, parking and tolls. Excludes cost chargeable to accounts 5540 (Convention & Education) or 5550 (Extradition of Prisoners)

Policy Title: Travel Policy and Procedures Policy Number: AP-06 Effective Date: August 10, 2006 Page 11 of 11

	Mileage for Daily Travel or Meeting	
Date	Include point of origin and destination	Miles
	Total Miles	0
	Reimbursement per mile (Code 5510) Total Reimbursement	\$0.445
	(Code 5510) Total Reimbursement	\$ -
	Miles as few Conference (Meeting (where registration fee is required)	
Date	Mileage for Conference/Meeting (where registration fee is required)	B#11
<u>Date</u>	Include point of origin and destination	Miles
	(O.) 5540) T.	
	(Code 5540) Total Miles Reimbursement per mile	0 \$ 0.445